

KENT STATE UNIVERSITY - Travel Advance Request

Instructions & Information

- 1.** Travel advance requests must be received, fully completed and signed, in Accounts Payable (Rm. 237 MSC) a minimum of 10 calendar days before the funds are needed or the first day of travel, whichever is earlier. It is the responsibility of the requester to initiate the request and obtain the required signatures in a timely manner in order to meet this deadline.
- 2.** The following must be included with every travel advance request: a trip itinerary that lists travel dates and destinations; a proposed itemized budget; a list of all students participating in the trip.
- 3.** Travel advances for individual travel are exceptions to university policy*. Such requests must include a brief statement of explaining why the exception is necessary. The requester and departmental approver must also check the box in the Signatures & Attestations section that indicates that they understand that the request is outside of normal policy.
 * 7-02.8 Administrative Policy Regarding Travel Regulations (D)(2): *Advances of university funds for individual travel purposes are not permitted. Any request for advances for group or student travel must be authorized by the university's chief financial officer.*
- 4.** Travel advances are paid via direct deposit. Accounts Payable direct deposit differs from Payroll direct deposit. Directions for enrolling in Accounts Payable direct deposit are available on the Accounts Payable website at: www.kent.edu/accounts payable/expreimdd
- 5.** Travel advance recipients must obtain itemized receipts for all travel expenditures made with advanced funds, including but not limited to meals, lodging, and transportation. The receipts must be attached to the final travel reimbursement reconciliation listed in #6 below. It is the responsibility of travel advance recipient to become familiar with university travel policy 7-02.8 and understand its requirements as well as restrictions and procedures related to all applicable schools, departments, divisions, sponsored programs, etc. Questions regarding such restrictions can be directed to the appropriate financial or program manager or Accounts Payable.
- 6. An accounting for each advance must be made within five days upon returning to the university.**
 - If travel expenses are less than the amount of the advance, submit a personal check written to KENT STATE UNIVERSITY along with a paper expense reimbursement form documented with original receipts to Accounts Payable.
 - If travel expenses exceed the amount of the advance, submit an electronic expense reimbursement detailing the expenses incurred. The reimbursement will be for the amount of expenses in excess of the amount advanced.

Applicant Information

Name _____ Banner ID _____
 Department _____ Email _____
 Do you currently have outstanding travel advances? (YES or NO) _____
 If yes, when will the outstanding advances be cleared? Explain: _____

Trip Information

Travel Dates _____ Index _____
 Advance requested (minimum \$500) _____ Date Advance Needed _____
 Purpose of trip _____

Applicants must attach a detailed trip itinerary and proposed itemized budget to this application.

Signatures & Attestations

I certify that I have read and understand the Instructions and Information section at the top of this form and that all information included on both this form and on the attached itinerary and proposed budget is accurate, to the best of my knowledge.

Check box if applicable: I understand that this travel advance request is an exception to policy **7-02.8 Administrative Policy Regarding Travel Regulations (D)(2)**, which states: Advances of university funds for individual travel purposes are not permitted. An statement explaining why the exception to policy is necessary has been included.

Applicant Signature _____ Date _____ Dept Head/Chair Signature _____
 Print Name _____ Date _____

I have reviewed this travel advance request, including its itinerary, proposed budget, and, where applicable, policy exception explanation, and approve it.

Vice Pres./Provost Signature _____ Date _____
 Print Name _____ Vice President of Finance and Administration Date _____

AP USE

TA# _____ VENDOR # _____ I# _____
 FUND/ACCT 110118 / 15011 DUE _____ Processor _____